PERMCERT / VISCERT REQUEST

NAME *(Last, First, Middle Initial)*	GRADE/RANK/SERVICE	SSN	DUTY PHONE
EMAIL ADDRESS	DEROS	SECTION *(S1, S2, S3, i.e.)*	SIGNATURE OF RECIPIENT

PURPOSE OF TRAVEL:	SIGNATURE OF SUPERVISOR
DATES OF TRAVEL:	
LOCATION OF TRAVEL:	
PERMCERT TO PLA / JPAS SMO CODE:	DUTY PHONE:
SPONSOR'S NAME & TELEPHONE#:	

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 8013; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The information contained herein will be used to precisely identify individuals when it is necessary to process security clearance messages, certify SCI access and assure controlled access to classified and/or sensitive compartment information facilities.

ROUTINE USE (S): Blanket routine uses, as published by the Department of the Army in the Department of Defense register.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in denial of clearance message processing.

500 FORM-BR3 (8-06-R)   **(TO BE PLACED IN SECURITY PERSONNEL FILE (SPF)**